MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

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	SERIAL NO.			FILING DATE
		<i>:</i>	•	
	APPLICANT(S)			

(FOR USE WITH FORM PTO-875) CLAII AFTER 1st AMENDMENT AFTER 2nd AMENDMENT IND. DEP. IND. DEP. 1. \bigcirc (1) \mathbb{T} ϖ Ω \Box \bigcirc \bigcirc **₽** চ (t)O \bigcirc TOTAL IND. "į TOTAL DEP.

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- 1	DEP.	. 15	1	ر می			-	
L	TOTAL CLAIMS			<u> </u>	1,2			
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* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

FORM PTO-1350 (REV. 3-78)

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